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Communications.

PLACENTA PRÆVIA.

By J. H. Traylor, M. D.,

Of Cape Girardeau, Mo.

I read the article on placenta prævia, as presented by Dr. N. H. Canaday to the Union Medical Society of Indiana, and having some experience in that class of difficulty, you will be so kind as to let me present to your readers, through your valuable journal, some thoughts concerning the subject. It is not my intention to review or censure past or present opinions, but simply to give my own. The regional anatomy of the pelvis, and the movement of the fœtus as it passes through it, are about as well understood as they are possibly can be. The motive power which performs this work rests somewhat in mystery, and it is to our ideas of this power that I attribute my little success. There is no one who has practiced midwifery for any length of time, and has paid strict attention to the mother, but has been forcibly struck with the many times he has found the placenta lying loose in the mouth of the womb, so soon as the child was removed; yet there is no hemorrhage, and the placenta slips easily from the os, by the least traction on the cord—the womb contracting firmly by external manipulation at the same time. This state of things was a puzzle to me, until I began to study more closely the motive power of this process. Having been taught it was necessary for the placenta to remain untouched until pains returned, or, at least, to wait from a half hour to an hour and a half before resorting to measures for its removal, as a preventive of hemorrhage, how often have I been surprised, after a return of pain, or while waiting the necessary length of time, to find the placenta partially or wholly retained in the cavity of the womb, by a rigidly-contracting os and a partially-relaxed body, which has frequently given me much trouble in extrication and consumed much valuable time. I frequently find this condition of things after waiting the necessary length of time, when there has been no perceptible return of pains—the womb contracting insensibly to the patient.

The placenta, as a rule, is attached to the upper third of the body of the uterus. The first pains are those which dilate the os preparatory to the passage of the child's head through it. This dilatation is the result of atony of its lateral fibres, caused by the pressure of the presenting part from the violent contracting action of the longitudinal fibres of the womb. So soon as the fœtal head begins to pass through the os, the womb commences to contract at its fundus into a thick, dense mass, separating the placenta at the same time, it prevents hemorrhage by the contraction of the tissues which surround the blood vessels. As the fœtus passes from the womb this contraction follows it down, thus leaving the womb almost completely contracted by the time its contents are ejected; the placenta following the fœtus and lying disconnected in the yet dormant os, or vagina.

Now I hold that after the fœtal head has passed through the os, the womb has but very little to do with the ejective powers which force the child into the world, it being accomplished by the expulsive powers of the abdominal muscles. To those who hold to the expulsive powers of the womb I would say,

by what means is the os fastened down to the pelvis so that the contracting womb can come down on the fœtus with sufficient power to force it through the pelvic cavity?

We have three modes generally known to surgeons and physicians for the stoppage of hemorrhage. First, by clot, which is accomplished by perfect rest and sedatives. Secondly, by contraction of the tissues, which is accomplished by exposure to the atmosphere, cold, and that class of medicines which act directly on these tissues, such as ergot, the vegetable and mineral astringents and the acids. Thirdly, by pressure, either directly or indirectly. When the placenta is attached to the lower third of the uterine cavity, and is being separated from its attachments by the expansion of these parts, hemorrhage naturally takes place from atony of the parts. This hemorrhage cannot be stopped by clot, for the want of rest; it cannot by contraction of the tissues, for the very means resorted to for the passage of the fœtal head destroys their contractility. Pressure, therefore, becomes the only means by which we can arrest this hemorrhage. We cannot use indirect pressure, for it is impossible for us to reach the blood vessels supplying the parts, for the application of pressure. Direct pressure then becomes our only means of arrest.

When I find I have a case of placenta prævia, or one in which the placenta is attached to the lower third of the womb, I immediately give a large dose of ergot, and repeat every ten minutes until I have its contractile action on the womb perfectly manifested. The ergot changes the contraction from a clonic to that of a tonic contraction.

Let me state here, I have never seen any bad effects from ergot upon either mother or child, whether it was administered before or after dilatation of the os. If the loss of blood becomes too great before this state can be brought about by the ergot, I use pressure to the os in the form of tampons; but in the mean time I pass my finger in the os, or some instrument, by which I can rupture the membranes and let out the fluid contents of the womb; by thus lessening the cavity the contractions become much greater, and the fœtus, a hard substance, comes not only in direct contact with the womb, but the bleeding surface. I have found this pressure sufficient to arrest the hemorrhage, in two cases, so as not to endanger the life of the mother, though there was considerable loss of blood in both. The contractions must be strong and continued, so as to leave no interval of time for the loss of blood, and if this cannot be obtained, delivery by version should be immediately practiced. As before stated, pressure is the only means by which we can stop this hemorrhage, until the womb is relieved of its contents, when we then resort to that of contraction. Bringing the presenting part of the fœtus in direct contact with the bleeding surface, and keeping it there by continuous action of the womb, is our only mode of pressure. This we accomplish by rupturing the membranes and letting out the fluid contents of the womb, and a free use of ergot.

AN EXAMINATION INTO THE MERITS OF THE CELEBRATED POMFREY CASE—A REPUTED RESECTION OF THE HEAD OF THE FEMUR.

By Stiles Kennedy, M. D.,

Of St. Louis, Mich.

In the proceedings of the first session of the Medical Society of Virginia, held in Richmond, Nov. 2 and 3, 1870, at the morning session of the first day, during a temporary suspension of business, I find that "Prof. McCaw called the attention of the convention to an interesting case of resection of the head of the femur in the person of Lieut. Humphreys (this is a mistake of the secretary's; the name should be Pomfrey), of the late Confederate States army, who was wounded in the battle of Sharpsburg, Md., by a musket ball which fractured and lodged in the head of the femur. The patient was taken prisoner and the operation was performed by Dr. Hewitt, then of Philadelphia, now of New York, in which the head, neck, and about one inch of the upper part of the femur were removed. He afterward fell under the care of Drs. Meltenberger and Nathan R. Smith, of Baltimore, professors in the medical department of the University of Maryland. The patient has been kind enough to present himself here today, walking without stick, bandage or other form of support. The extremity is retracted about an inch and a half, thus requiring a thick sole to his shoe to prevent limping. He is a well developed, muscular man, weighing 180 pounds, about 35 years of age, and has good use of his limb."

For reasons that will appear in the course of this paper, I had some misgivings as to the truth of the above statement, taken in its essential bearing—the actual loss of the head of the femur.

During several years of military service I had paid the subject of resections a good share of attention. The subject had been to me the cause of more than one severe, but friendly, professional tilt. So that, aside from a feeling of duty, the investigation into the merits of this case presented itself as one full of interest. It was an important case, taken in the light of its truth, if that could be established; or in its very questionableness it was still important.

If the statement made by Prof. McCaw, made, I know, in the best faith, were true, the case should be one of record, especially as the Medical Department of the Government had taken sufficient means to attain that end; and more, the operation if performed, was so performed by gentlemen who ought to be and are doubtless interested in the full and complete surgical records of the country. On a careful examination of the "circulars" issued by direction of the Surgeon General at Washington, containing records of all cases of resection that could be gathered up during the war between the states, I could find no mention of this case in the person of Lieut. Pomfrey, who had been exhibited to schools and conventions, much talked of in Baltimore and Richmond, and cited a thousand times by conservatives as an instance of their special principle or practice, until the person had almost become celebrated. If I was not surprised at not finding this important case on record, my misgivings were at least strengthened and my interest in the matter increased.

Presuming that, as Prof. McCaw had presented this case to the Medical Society of Virginia, he had a history of it more in detail than the one given above, and probably, also, some printed matter from medical journals or monograms on the case, I wrote to him early in February of this year, asking for any papers or information he might have in his possession bearing on the subject in hand. In due course of time I received the following:

RICHMOND, Feb. 13, 1871.

DEAR SIR.—I received yours, and reply, giving you all I know of the case of resection at the hip joint. He came back to us in February, 1864, from Baltimore, and gave the statement appended, which I published in the *Confederate Medical and Surgical Journal*, February 1 64, p. 26.

"W. F. Pomfrey, Co. H., 1st Va. Infantry, wounded four times at South Mountain; one wound from minie ball fracturing femur at neck; was carried to Frederick, Md. Five weeks after, Surgeon Hewitt, in charge of U. S. Hospital at Convent, resected the head of the bone. The patient was taken to Baltimore and treated by Profs. Smith (N. R.), and Miltenberger, who performed second resection, taking away a portion of the shaft left by Surgeon Hewitt; after nine months' confinement, recovered with a shortening of one inch. He states that his leg was too long, but the use of the anterior splint seemed to let the leg shorten to the present point."

"This is all I know of Pomfrey's case. I see him every now and then. He walks with great ease, using a cane, and is in perfect health. It gives me pleasure to respond to your letter. Yours Respectfully,

J. B. McCAW.

A few days after the reception of this letter I wrote again to Prof. McCaw, asking if he chose to put aside all of Lieut. Pomfrey's statement regarding the resection, and depending alone on the anatomical relations of the parts at the time of Pomfrey's return to Richmond in 1864, he could declare the head of the femur was absent? Prof. McCaw very kindly answered me that, at the time of Pomfrey's return, and since his fleshy condition prevented any certainty of opinion on this point, he could not say.

(I regret that this portion of the correspondence must be given from memory alone. My letter to Prof. McCaw and the reply having been mislaid or lost.)

On the 5th day of March I wrote to Prof. N. R. Smith, inclosing to him at the time a copy of the papers just presented, asking him to be kind enough to favor me with any information in his possession on the subject. In the course of a few days the following letwas recived:

BALTIMORE, March 7, 1871.

MY DEAR SIR:—I would with great pleasure furnish you with the desired information, but so long a time has passed, and I saw so many cases of gun-shot injury at that time that I can but very imperfectly revive my knowledge of this case. I remember the name, and indifferently the case. I am confident, however, that I neither performed nor assisted in an operation in the case alluded to. I am very confident also that no case in which the head of the femur had been resected came under my care for after-treatment.

Perhaps Prof. Miltenberger, who must have had the immediate care of the case, will

be able to furnish more accurate and particular information in regard to the matter.

I cordially approve of your desire to develop the truth in the matter, and I think that the interest of the profession requires it.

With great respect, yours very truly,

N. R. SMITH.

I now wrote to Prof. Miltenberger, sending a copy of all the papers in my possession that had any bearing on the subject, inquiring if he had any knowledge of the case, and also requesting that he would communicate the same to me. If Prof. Miltenberger should write that the case had been under his care, that the head of the femur had been resected, and that he subsequently performed a "second resection, taking away a portion of the shaft left by Surgeon Hewitt," then the whole question was settled, and the statement of Pomfrey was true, and the profession in Virginia especially, and the country generally, were not being imposed upon. If, on the other hand, he should write a letter similar in import to Prof. Smith's, it would go far in establishing the fact that no such operation had been performed on the person of Pomfrey, and that he was humbugging the medical profession wherever he found it. These views were stated to Prof. Miltenberger; but to this day I have been unable to get a response from that gentleman.

A short time after I wrote to my friend, Dr. E. LLOYD HOWARD, of the *Medical Journal*, Baltimore, stating the whole case to him and requested that he see Dr. Miltenberger and have a conversation with him on the subject. Dr. Howard subsequently wrote me as follows:

"Dr. Miltenberger informed me that he was positive that Pomfrey had no operation performed while here, unless the simple extraction of exfoliated pieces of bone. His impression is very decided that no resection of of the head of the femur had been performed."

In April I opened correspondence with Dr. H. S. Hewitt, of New York. The last letter I received from him was dated June 25, and reads:

MY DEAR DOCTOR:—I hope you will excuse my delay in answering your last. I have no recollection of the case you describe. I may have performed a partial gouging operation on the patient's hip, but never the extensive exsection you describe.

I am, very respectfully,

Your obedient servant,

H. S. HEWITT.

But I have some important information regarding this case which dates back of all that has heretofore been given, and which comes from personal observation.

I saw Lieut. Pomfrey myself in Frederick, at his boarding house, by his own request. I examined his wounds, assisted by Dr. H. S. Hewitt, who at that time was boarding at the same house, and by Dr. WOOTEN, who resided in Frederick, and two or three others whom I have forgotten. I opened his wound on the thigh by a large incision, one between four and five inches in length, and the condition of the bone was thoroughly examined by myself and the gentlemen named. I remember distinctly that neither the neck nor the head of the former was fractured, nor did the ball lodge there. That was the main point to determine in making the exploration, and if that sort of fracture had been observed, the joint would have been resected at once.

The fact is the ball struck the lower edge of the great trochanter, breaking the outside half of the femur for a distance of two inches into two or three pieces of considerable size. The inside half was broken in one place only, and the edges lapped. The pieces of bone were removed, great care being taken to leave the periosteum. This I remember distinctly, for Dr. Hewitt, spoke of the great importance of it two or three times. The operation was tedious, and the gentlemen last named, and I think Dr. Wooten also, assisted very materially in this, and in removing some sharp edges of the femur with the bone cutters.

The wound was kept open by sponge tents and dressed with water.

Instead of "five weeks" having elapsed between the time of the reception of the wound and that of the operation, I am sure not half that period had passed, because I was only in Frederick three weeks after the battle of Sharpsburg, and this operation was performed at least three or four days before I left there. Lieut. Pomfrey's wife had come up from Norfolk and was with him, and to her devotion I attribute in a great measure his recovery. When I first read the statement in the proceedings of the Virginia Medical Society, made by Prof. MCCAW, the idea occurred to me that possibly after I left Frederick it was discovered that the fracture had passed up into the neck and head of the femur, and which had not been observed at the time of the first examination; that on its

subsequent discovery the resection claimed was actually performed, and for that reason I did not wish to contradict the statement until I had more thoroughly examined into it by the correspondence given in the first part of this paper, and which puts at rest the question of resection. Therefore Lieut. Pomfrey's injury was a compound comminuted fracture of the upper third of the femur.

MEDICAL TOPOGRAPHY OF THE VALLEY OF THE SHENANDOAH, VA.

By F. Horner, Jr., M. D.,
Of Salem, Va.

The historian of Virginia says that "in 1716 Governor Spottswood made the first complete discovery of a passage over the Blue Ridge mountains, between which and the Alleghany spreads out a country of great beauty. The Shenandoah, the Indian name for 'daughter of the stars,' he named Euphrates. The Scotch-Irish and German settlers who emigrated shortly afterward under the charter of Joist Hite, still live in the most delightful climate and richest soil imaginable. They are everywhere surrounded with beautiful prospects and sylvan scenes, lofty mountains, transparent streams, rich valleys and majestic woods, interspersed with an infinite variety of flowering shrubs. They are subject to few diseases, are robust and long lived, and enjoy health and contentment."

The soil abounds in the sulphurets of copper and iron, in conjunction with the carbonates and oxides of these metals. Rich specimens of the blue, green and black ore have been often found. Some yield as high as 89 per cent. of pure native copper. Traces of gold and lead have been discovered embedded in veins of quartz rock. Black oxide of manganese, barytes and a bituminous coal have been seen in sparse quantities. This region is prolific in green and yellow soapstone, which the inhabitants often manufacture into pipes. Beautiful specimens of petrified hickory are also found. The carbonate of lime forms the principle ingredient of all the stratified rock in the following varieties: Blue and yellow quarry limestone or Dayton marble. In time the rich mines of copper ore and marble quarries will be worked with immense profit.

The northern slopes of the mountains are plentifully supplied with springs, alternating with limestone, chalybeate and sulphur water, which is pure, clear and healthful, as well as congenial to the taste of man. Many have their fountains upon the very top of the mountains. On reaching the valleys below, uniting with kindred currents, they receive the more dignified name of creeks, soon to mingle with the waves of the Shenandoah and Potomac rivers. In this valley are located the Capon, Shenandale and Jordan Springs, valuable for their mineral qualities, and the resort of invalids from every part of the country.

The temperature of the Sulphur Springs ranges from 57° to 70°. The variety denominated white sulphur, contain as their gaseous elements, according to the analysis made by Dr. Alban S Payne, CO_2 SH oxygen and nitrogen. The solid contents are sulph. magnes. lime and soda, and chlorid. mag.; and lime and carb. of magnes. and lime. The variety denominated blue sulphur, have, in addition to the above constituents, sulphuret of lime, and sulph. ferri. These waters are valuable tonics and alteratives, well suited to restore tone to the system previously debilitated by dyspepsia and diseases of the digestive system.

There are also here the carbonated waters, containing CO_2 carb. calcis, ferri and alumina, thus presenting a tonic acid well adapted to the cure of eruptive diseases. The chalybeate is that most usually found, and that most strongly impregnated by medicinal agents. One of these springs contained, by analysis, to 100 grs. of water, 53 grains of sulphur; lime, 10½; carb. lime, 23½; sulph. magnes., 1 gr.; murias magnes., 1 gr.; mur. soda, 1 gr.; sulph. ferri, 10 gr., and carb. ferri, 7½. This analysis exhibits a saline chalybeate of no mean remedial power, especially suited to those debilitated diseases incident to females. The mountain summits average an altitude of 1,100 ft., and the valley 500 ft. above tide water.

The winters are cold; there is a maximum temperature in summer of 100°, and 5° below zero in winter. During the spring, fall and winter, north and north-west winds prevail; those from the south bring rain. Sickness begins in the middle of October, and is greatest during the months of February, March and August.

Consumption, dropsy, cancerous affections, typhoid fever, cholera infantum, tuberculosis of the spine and insanity are the disorders most prevalent in the Shenandoah Valley. Consumption is the most fatal disease. Dropsy

occurring in the intemperate has been treated successfully with the following formula:

R.	Infus. digitalis,	℥ss.	
	Hydroid potass.	gr. v.	
	Sodæ carb.	gr. xx.	
	Æther nitre.	℥j.	
	Aquæ minth.	℥ij.	M.

To be repeated three times daily.

Purgatives of calomel, jalap and cream tartar should alternate with the above prescription and appropriate diet.

A most interesting case of cancer on the right ala of the nose—an affection very common in this section of the country—has been under the treatment of Dr. GILBERT, of New York, for more than twenty years. It exists in the person of Dr. BALDWIN, a physician distinguished for high social position and eminence in the medical profession. He is seventy-five years old. In 1851 the tumor yielded to the local application of arsenic, but returned, when Dr. NATHAN SMITH used chloride zinc with the like failure. The faculty in Philadelphia were then consulted. Drs. GIBSON, HORNER and RANDOLPH advised the sufferer to let the tumor alone, as they considered it to be benign in its character, and the cicatrix of former ulcers which had healed. Dr. Gilbert's plan had been to burn off the skin with ag. No. 5, and apply a salve, which he claims to be a specific.

Previous to the war Winchester had a flourishing medical college, but it has been totally destroyed.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Service of D. HAYES AGNEW, M. D., Prof. of Prin. and Practice of Clin. and Demon. Surgery.

[REPORTED BY DE F. WILLARD, M. D., PH. D.]

Double Popliteal Aneurism.

GENTLEMEN: I bring before you this morning a patient whom you will remember, and whose healthy and gratifying condition will be a personal pleasure to several of your number, since without their kind and voluntary assistance this satisfactory result would have been an impossibility. Their names I deem worthy of mention. They are Drs. VALDIVIESO and DAVIDSON, Messrs. Birney, Bowen, Broadway, Bruen, Estràzulas, Guiteras, Healey, Huston, Irish, Keating, Longenecker, McElvie, Parke, Platt, Rauck, Rea, Sewell, Slifer, I. Smith, J. F. Smith, Weldon and Yocomb, and I am glad to see that so many were ready thus early in their professional career to lend their aid to suffering humanity.

The patient is a ship carpenter, 40 years of age, who states that he suffered no inconvenience with his knee until about two years since, when he noticed a feeling of weakness, and soon discovered a lump in each popliteal space. These prominences increased steadily in size until the time that he was brought to us, when as you saw there was a tumor upon the left leg, which was nearly four inches in length, with a circumference of the knee of 15¼ inches, while upon the right leg the swelling was much smaller, being little larger than an English walnut, and the circumference being 13¾ inches. Now they measure respectively 14½ and 13½. This man has been before you upon several occasions; but as my remarks upon the case have been somewhat fragmentary, I will to-day sum them up in a more connected manner. I told you that you could easily diagnose these tumors from six reasons: First, they were situated over the line of the popliteal arteries; second, they pulsated strongly at each contraction of the ventricle, as could be seen even at a considerable distance; third, pressure upon the artery above the tumor caused this pulsation to cease; fourth, pressure upon the tumor itself caused it to diminish in size; fifth, pressure below caused an increase both in its size and in the strength of the pulsations; and lastly, auscultation revealed the aneurismal "whirr," with the "bruit de souffl.t" and "bruit de rape." With all these it would seem impossible to make an error, and yet an aneurism has been laid open under the supposition that it was an abscess, greatly to the danger of the patient and the discomfiture of the surgeon. Such a mistake could not have occurred unless high inflammatory symptoms were present; but even then a little care and, at least, a delicate exploring needle, would have saved such an accident. There are, however, soft tumors of the bones—soft central osteo-sarcoma—which are rich in arteries and pulsate so distinctly that it would require the most careful observation to render the diagnosis certain.

Caution is also necessary in relation to certain tumors which may lie directly over the course of a large artery, and have a decided vibratile shock imparted to them. In most cases, however, the aneurismal murmur will be absent while the tumor will often be dense and hard, and can be lifted up and isolated from the artery itself.

An aneurism is defined as a tumor, connecting directly or indirectly with the cavity of an artery, and numerous divisions are usually made, as for instance, traumatic, cirsoid, dissecting, varicose, sacculated, fusiform, etc., but for our study to-day I shall only divide them into two classes, true and false; the former embracing all which are enveloped by either one, two, or three of the original arterial coats; the latter, all who whose sacs are formed by condensed connective tissue.

Of traumatic aneurism I have but little to say. It is well illustrated by this little girl, whom I now bring before you, and who re-

ceived a severe cut upon the plantar surface of her foot some time since, from a piece of broken glass. If you could place your hand upon this tumor you would easily recognize its pulsatile character. Now, how did this form? Simply enough. The glass perforated and wounded the plantar arch, but after bleeding for some time the external opening became closed and the blood made its way into the tissues until resisted by them. A cavity soon formed by the resulting inflammation, causing an infiltration and thickening of the surrounding tissue, until at last a sac was produced, communicating with the artery. Such is the usual history of this form of aneurism; but it may be caused more slowly by a healing of the arterial wound with subsequent giving away of the cicatrix, or again by ruptures of the arterial coats from sudden strains or blows. The treatment is, usually, ligation of the aneurismal artery.

True aneurism is caused by a dilation of the walls of the artery, usually due to atheromatous disease. An arterial wall is, as you know, composed of three coats: the external, which is made up of strong, spiral bundles of fibrous tissue, containing five nets of elastic tissue, furnishing the principle element of tenacity. The middle coat is largely composed of elastic tissue, with a small proportion of unstriated muscular fibre and some connective tissue. The inner coat is thin and delicate, being made of layers of elastic tissue, arranged either in fine nets or in coarse bands, forming the so-called fenestrated membranes, with a basement membrane and an endothelium of elongated, lozenge-shaped cells. Each coat passes insensibly into its neighbor.

Atheroma is a disease of these coats, probably first commencing with the inter layer of the inner one, and, beginning as a cell degeneration, passes rapidly on through the different stages of surrounding new cell formation, with gradual disintegration of the muscular cells, into fatty or granular material, until the substance is formed which is known as atheromatus pulp, which consists of fine molecules and fat, with cholesterim, carbonate of lime and hematoidin crystals. This pathological new formation rapidly breaks down and calcification occurs, rendering both inner coats brittle and but little calculated to withstand the constant pressure made upon them. Dilatation occurs and we soon have a sac or aneurism which will vary in shape according as the artery is diseased in its whole extent or in a single spot.

The artery most liable to this disease is the aorta; next comes the popliteal, probably due to the little support which it receives from surrounding tissues, and more especially to the mobility and consequent strain upon the part; next the subclavian the ext. iliac, innominate, etc. The danger from an aneurism is rupture and death from hemorrhage, but serious and unpleasant symptoms often arise previous to such an event. The gradual increase, in size as in the case before us, may cause severe pain in the foot, and render the patient unable to walk; in fact you will remember that this man came to us upon crutches. When the aneurism is situated upon some portion of the aorta, the internal organs may be greatly displaced, and even the sternum, ribs, and vertebræ be evaded.

Should you lay open one of these tumors, whether true or false, you would find the sac partially filled with successive laminæ of fibrinous material, varying in density and color, and lined internally with a gummus, currant-jelly-like substance, which, as usually seen, may be the result of *post-mortem* coagulation, although, there is, no doubt, a slight layer always lying next the decolorized inner lamina.

When this disease is situated in the aorta, of course it is beyond the reach of surgical interference, and is not usually amenable to treatment of any kind, although spontaneous cures are sometimes effected, and certain measures and remedies have been often used for its accomplishment, as low diet, depletion, rest, aconite, veratrum, etc., the Valsalva plan.

These spontaneous cures of nature are not infrequent, and as they take place in various ways, so has man attempted to follow her guide, and every operation will be found to be but the copy of an example set by her.

1. Nature sometimes cures by setting up an inflammation in the sac, and thus filling up and obliterating the cavity by a coagulation of its contents, or gangrene may follow, and the whole man slough away.

In imitation of this we have the operation of LYNE, following the suggestion of ANTYLLUS, or, perhaps, of PARÉ, or even of the old Greek surgeons. This consists in compression of the supplying artery, and laying freely open the sac, turning out its contents, seeking for the artery, and applying a ligature both above and below.

2. Nature sometimes detaches a small coagulum, and with it closes the entrance to the sac. From this suggestion we have the Ferguson operation, namely, that of manipulation or kneading of the tumor, trusting that a fragment may be arrested at the orifice.

3. Nature sometimes cures by obliterating the artery below the sac; and thus interfering with the current favors coagulation.

From this we have the Braselor and Wardrop operations, that of ligating the artery or one of its branches on the distal side of the tumor.

4. Nature cures, and most frequently by closing the artery above the sac, either by the pressure of the mass itself or by some other morbid growth.

So we have the operation of JOHN HUNTER or ANEL, the former going up a considerable distance above the tumor, in order to secure healthy arterial tissue, while the latter ligated close to the aneurism. The former is now the recognized basis for most of the plans looking to the relief of aneurism. Thus we

see that surgeons have wisely followed the hints given them by nature herself, and have been but copyists of her great acts.

The plan of ligation has now, however, been largely superseded by that of compression in its various forms, which, like the former, may be applied at various points. Thus we have GUALTAM'S method of applying pressure directly upon the tumor itself; but this is difficult in application, and is liable to produce inflammation, since it interfers greatly with venous return.

Pressure, as ligation, has also been applied upon the distal side of the tumor by VERNET, BROCA and others, but is not so satisfactory as is the more common mode of FREER, namely, upon the cardiac side. This result may be obtained by any well constructed compressor; that of BELLINGHAM, of Dublin, being, I think, the most servicable. In place of an instrument, however, it was suggested by VAUSETTI that the fingers be used for the puspose, and now it is the plan presenting the greatest hopes of success, when an abundance of good assistance can be secured. Forcible flexion, suggested by MCGAIGUE, has also been used to accomplish his purpose, and in some situations, as for instance in the leg, it is excellent.

It is urged that the aneurism may return, after its cure by compression; but the same remark holds equally true in regard to ligation, while the former has the more decided advantage in its favor of safety, since nearly one in three die after ligation. When pressure is to be made by means of compressors, as Bellingham's or Charrier's, two are to be applied, one (if for poplitial aneurism), at the apex of Scarpa's triangle, the other just below Poupart's ligament, in order that pressure may be alternately applied, else sloughing would be sure to result, even were the patient able to bear the pain. The pain which must necessarily result from such pressure, even though frequently changed, is extreme, so great in fact that, as I shall presently tell you, we could not continue it with this man, and it is at best but to be endured by keeping the system well influenced with morphia, which must be given continuously and in large doses. The bowels should be freely opened previous to the commencement of the operation. A bandage should be evenly and carefully applied from the toes to the hip, in order to equalize pressure and prevent venous engorgement. The compressors, or tourniquets, for such they really are, should be well padded, and when the screw is turned down it should not be made to force the ball so tightly upon the bone as to occlude the artery entirely, since the purpose is, as I told you before we commenced the treatment, rather to modify or diminish the force of the current, thus favoring to the fullest extent the formation of lamellæ and at the same time not destroying the vitality of the limb.

There are other means which have been employed for the cure of aneurism, as for instance the injection of iron, etc., as recommended by PRAVARZ, MONTEGGIER, etc., and also galvano puncture by PHILLIPS, but there is so much danger from the passage of clots into the system, that I have never felt justified in trying the experiments.

Now, let us see the actual result of treatment by *compression*. Here is this man. On the 24th of May he was before you suffering greatly from these aneurisms. On the next day the compressors were applied, a relay of assistants being provided, in order that no interruption might occur, either by day or night. It was decided to attack the left one first, it being the larger. The leg was bandaged in the manner I have mentioned, and as soon as the pain became severe, morphia was administered. For the first twenty-four hours there was but little difficulty in keeping him quiet, the greatest pain arising from the establishment of collateral circulation, but in thirty-six he became very restless, and at the end of forty-eight the parts were so sore and congested that it was deemed advisable to substitute digital compression. A large corps of assistants was now organized, and uninterrupted pressure was continued with the thumb at various points in Scarpa's triangle, for seventeen additional hours, at which time all pulsation had ceased. The tumor had become hard and solid, and it was pronounced cured, a conclusion which is now strengthened by the lapse of at least ten days. During the latter part of the time stimulants, beef tea, etc., were necessary to support his system under the great strain.

He was allowed three days for rest and recuperation, when it was decided to treat the right leg by digital pressure alone, and the result was most happy. In seven and one half hours all pulsation ceased in the tumor; still it was thought advisable to continue the compression for twenty-four hours, lest the clot be of insufficient strength to resist the force of the heart's contractions.

This right aneurism was smaller than the left, as you will remember, yet the cure was remarkably rapid, the chances being, as I told you at a previous clinic, that it would require from three to seven days, or even longer.

The absorption of the clot which has formed will require time, perhaps many months. You can plainly see the enlarged articular arteries which have taken up the burden of supplying the leg and foot. As the route is now fully established, and as the man has been walking about for several days, I do not think he will have any return of this difficulty, although he should always engage only in some light occupation, and avoid all sudden movements or strains. A knee-bandage will give support for a few weeks.

Embolism.

In conclusion, let me show you a man, H. B., æt. 33 years, who is just recovering from an attack of typhoid fever, which he says confined him to his room for six months. There must have been some serious complication of

which we are ignorant to have kept him sick so long. During convalescence a lump of the size of a walnut appeared in the left popliteal region, and there was great pain extending down the leg, which soon became cold and insensible. He states that his physician applied (and very judiciously) artificial heat to its whole extent for several days, which probably was the means of saving the member from gangrene.

Had we seen the case at that time we should, undoubtedly, found the arteries of the leg destitute of pulsation, and there is none to be detected in the posterior tibial even now. In the anterior tibial I can discover a faint trace. Now this was evidently a thrombus of the popliteal artery, due to the deteriorated conditions of his blood. Such an accident, especially if the entire artery is occluded, is very likely to be followed by gangrene, which is usually moist in its character, thus differing from the dry gangrene of Potts. As we now see him, all this danger has past, but he has decided paralysis of the muscles of the leg, with atrophy to such an extent that he now, four months afterward, is only able to stand upon it, not having power even to walk. I can discover no lump in the popliteal space, but I do feel a hard, corded, and somewhat enlarged condition of the vessels, and have no doubt that there is sufficient thickening and pressure upon the popliteal nerve to account for this loss of power. The muscles most implicated seem to be those supplied by the anterior tibial and musculo-cutaneous branches of the peroneal nerve, but those which receive their supply from the internal popliteal, with its principal branch—the posterior tibial, are also impaired.

He states that he is gradually improving, and I think that this power may be almost entirely returned to him by proper treatment, especially as the circulation now seems to be sufficient to nourish the limb. We must endeavor to produce absorbtion of this deposit, first, by the judicious use of tonics, good food, etc., and then hasten it by daily faradization, which will also answer the additional purpose of preventing fatty change in the affected muscles, especially if passive motion be repeatedly applied. Stimulating liniments will also assist. He complains of much pain at night, which must be controlled by anodynes; but, upon looking for its cause, I discovered a sensitive, red spot upon the sole of the foot, which is, evidently, a forming abscess. This is probably due to the impaired condition of the tissues from want of arterial and nerve supply, and is to be treated like an ordinary abscess—with poultices, etc.

PHILADELPHIA EYE AND EAR INFIRMARY.

Monthly Report for May, 1871.

[REPORTED BY DR. J. W. MILLICH.]

Clinic of P. D. KEYSER, M. D.

May 31.—During this month there have been admitted in eye clinic eighty-six patients, as follows: Diseases of the iris, 10; conjunctiva, 22; cornea, 18; sclerotica, 3; choroid, 3; retina and optic nerve, 4; lids, 9; orbit, 1; vitreous, 1; lens, 6; affections of the muscles, 4; of accommodation and refraction, 5.

During the same time fifteen operations were made, including 5 for catarrh, 2 iridectomy, 1 periotomy, 1 removal of foreign body from the vitreous, 1 enucleation of eye ball, 1 epithelioma of lower lid.

The operations for cataract were all made after the method of VON GRAEFE, and were upon persons of advanced years with mature cataracts. There was no loss of vitreous, nor inflammation in either case. Hemorrhage into the anterior chamber occurred in only two cases; but was evacuated at once by gentle pressure on the cornea. The results were all favorable. The 1st read Jager, 2; 3d read Jager 3, and 1 Jager 5, at 8", with their glasses. Astigmatism was present in all, and was corrected by combining convex cylindrical glasses with the proper cataract glasses. Before the cylindrical glasses were tried they all complained of an unnatural color. Everything had a yellowish hue, which was immediately removed by the application of the proper and required cylindrical glass.

The operation of periotomy or syndectomy, as recommended by Dr. TURNARI, really a circumcision of the cornea, was made to relieve a thick vascular pannus of long standing. Considerable benefit was derived from the operation.

The case of a foreign body in the vitreous was of a lad 15 years of age, in whose left eye a piece of gun-cup had flown while he was exploding it on the 5th of March last. The next day after the occurrence he was brought to the Infirmary for treatment. On examination a small incision was seen on the outer side of the ball, about three or four lines back of the sclero-corneal junction. The ocular conjunctiva was much congested, and the anterior chamber of the eye was filled with blood. The pain was slight. As nothing could be seen at the time, it was concluded to wait. A hopine was dropped in, and ice-cold cloths applied continually. No inflammatory action set in under the treatment, and in a few days the blood in the anterior chamber began to absorb. In about four or five weeks all of it was completely absorbed, and the lens and vitreous were found to be perfectly clear. A detachment of the retina, just over the outer incision in the sclerotica, could be observed of a yellowish-white appearance. Nothing as yet could be seen of the foreign body, except in the upper part of this detachment. Dr. Keyser perceived under the ophthalmoscope a small, fine, vertical line, which he at once diagnosed as the piece of copper cap, with its edge pointing anteriorly. After waiting a few days it appeared plainer and had a greenish hue. Dr. Keyser, being convinced his diagnosis was right, determined to remove it, and thus save the ball. The lad being placed under

chloroform, an incision was made through the sclerotica by a Beers knife, just where the cap had entered. The pupil having been fully dilated by atropine, the light strongly concentrated and thrown in the eye on the spot where the piece of cap was supposed to be, a pair of fine, delicate forceps of peculiar shape (Liebreich's) were passed in through the incision, towards the observed line, and the piece of cap seized and brought out at once. Ice-cold cloths were then applied, and all was perfectly well in a few days. The detachment of the retina remains, but the eye is perfect in appearance. The piece of cap removed was about three-fourth the size of a grain weight.

The two operations of Iridectomy (artificial pupil), were made in cases of occlusion of the pupil.

Of the affections of accommodation and refraction, 3 were hyperopia, 1 astigmatism and 1 aphakia; which were all corrected by the proper glasses.

Clinic of James Collins, M. D.

May 31.—Seventeen patients have been admitted suffering with the following diseases of the ear: aural catarrh, acute and chronic, 6; thickened membrana tympanum, 4; inflammation of external auditory canal 1; impacted cerumen, 2; acute meningitis, 1; foreign body in external auditory canal, 1; obstruction of Eustachian tube, 1; perforation membrana tympani, 1.

Medical Societies.

WISCONSIN STATE MEDICAL SOCIETY.

The Wisconsin State Medical Society held its twenty-fifth annual session in the city of Milwaukee, on the 21st, 22d and 23d days of June, its President, Dr. H. P. Strong, of Beloit, presiding.

After being opened with prayer by the Rev. J. L. Dudley, it was addressed by Dr. S. Marks, Chairman of the Committee of Arrangements, who, in behalf the committee, welcomed the Society to the city.

The calling of the roll by the Secretary showed a large attendance of the members, and the session was in all respects a harmonious, pleasant and profitable one.

A number of valuable papers were read, the first of which was from Dr. Marks, chairman of the Committee on Surgery, on the treatment of fracture based on cases which had passed under his observation during the past year, following which there arose an interesting and animated discussion concerning the use of *Carbolic Acid* in wounds, the opinion being given by President Strong and several others that, like all other new remedies, the tendency was to a too common and indiscriminate use of the acid, sometimes to the destruction of healthy granulations.

Drs. Mason and Dalton each referred to the fact that the acid had been found a nice test for albumen, and that the surface of wounds dressed with it were often found coated with an albuminous deposit.

Dr. Wright called attention to the fact that castor oil was always preferable to glycerine as a menstruum for the acid, glycerine having the property of drying the tissues.

Dr. Page read a paper on the Treatment of Fevers.

Dr. Wright read a long and valuable paper on Medical Education, advocating more thorough preliminary education, a lengthened term of study, which should be not less than five years, the whole of which should be passed in the Medical College; no deviation from which should be permitted except under the most stringent rules, "in which an exhaustive examination is made by a joint committee from the faculty of the Medical School and from the class in which admission is sought."

Under the influence of such a thorough system of education he claims: "That Medical sectarianism would be more likely to die out, and the confidence of the people being strengthened in the regular profession, quackery, of all kinds, would cease to flourish."

Dr. J. K. Bartlett read a valuable paper on Vesico-Vaginal Fistula, giving an historical sketch of the methods which have been resorted to for the cure of that malady.

At the opening of the afternoon session of the 22d, the Annual Address, by President Strong, was delivered, on "Conservatism in Medicine," for which able, eloquent and interesting address he received a special vote of thanks from the Society.

Dr. Armstrong read a very valuable essay on "The Cause and Treatment of Puerperal Convulsions, and the Condition of the Puerperal Woman."

Dr. Russell, from Committee on New Remedies, made a report touching on Chloral Hydrate, the ordeal bean of Calibar, iodoform, apiol, carbolic acid and nitrous oxide.

Dr. E. W. Bartlett read a paper on "The Accommodation of the Eye."

Dr. D. C. Davies, Special Committee on Gynæcology, made an interesting report.

Dr. Johnson read a paper on "The Unity of Disease," and Dr. Armstrong reported a case of aneurism of the internal iliac artery.

Amendments to the Constitution were proposed, lengthening the term of office of the Censors, and providing for the examination by them of candidates for the study of medicine, as to their educational qualifications, and that no student shall be received into the office of a member of this Society until such student shall present the Censor's certificate that he has the requisite preliminary education.

The proposed amendments lie over for one year.

In the evening session of June 22d the first

business being to fix a place for the next meeting, Fond-du-Lac was chosen, when the Society proceeded to elect officers for the ensuing year with the following result:

President—Dr. John Favill, of Madison.

First Vice President—Dr. M. Waterhouse, of Portage.

Second Vice President—Dr. J K. Bartlett, of Milwaukee.

Secretary and Treasurer—Dr. J. T. Reeve, of Appleton.

Assistant Secretary—Dr. T. Nichols, of Milwaukee.

Censors—Dr. J. K. Bartlett, Harmon Van Dusen and Darius Mason.

The following named gentlemen were elected delegates to the next meeting of the American Medical Association, to wit:

Drs. J. K. Bartlett, J. G. Meacham, J. L. Brenton, J. T. Reeve, H. Van Dusen, A. H. Van Worstrand, O. W. Wight, S. Marks, G. F. Witter, Ch. Linde, W. Waterhouse, H. O. Crane, H. Palmer, H. P. Strong, E. B. Wolcott and D. M. Bond.

After electing delegates to several of the State societies, the further reading of essays and reports was in order, when Dr. Palmer reported a case of "Subcutaneous Nævus successfully treated by injections of Persulphate of Iron;" exhibiting photographs of the case.

Dr. Griffin read an eloquent eulogy on the late lamented Dr. Henry M. Lilly, of Fond-du-Lac; one of our most valued members presenting to the Society, in the name of the Fond-du-Lac County Medical Society, a photograph of the deceased.

The synopsis of a case of diseased bladder and kidney, resulting from enlarged prostrate, was furnished by Dr. Godfrey, after which the Society adjourned.

The last morning's session was a busy one, a number of valuable papers being read and referred to the Publication Committee, of which only the titles can here be given.

Dr. Linde read the report of some cases in obstetrical practice.

Dr. Cory read an essay on Hysterico-Neuralgia or Spinal Irritation, with report of cases.

Dr. Kempe read the history of a case in which a wooden pessary had been retained for over 17 years, and was removed with great difficulty, and only by being cut in pieces.

Dr. Senn reported a case of Excision of the Clavicle for Osteo-Sarcoma.

Dr. Moore reported a case in which the operation of Paracentesis Thoracis had been performed by him.

Dr. Armstrong reported a case of Abscess of the Right Ovary.

Dr. Witter reported a case of Recto-Vaginal Fistula in an infant.

Dr. Chase reported a case of Ovariotomy.

Dr. Ferrin reported a case of Complete Inversion of the Bladder and protrusion of that organ at the urethra.

A valuable communication on the subject of Puerperal Convulsions was received from Dr. Wilber, a former member of the Society, which was referred to the Committee on Publication.

The following list of special committees and appointments under them was then made:

On Skin diseases—Dr. C. Linde, committee.

On diseases of the Brain and Nervous System, including Insanity—Drs. S. L. Fuller and M. Waterhouse, committee.

On diseases of the Respiratory Organs—Dr. T. Nichols, committee.

On Indigenous Medical Botany—Dr. N. Senn, committee.

Resolutions of thanks to the Committee of Arrangements, to the officers of the society, and to the Press were adopted.

A committee of ten was appointed on Chinalotogy and prevailing diseases—Dr. J. K. Bartlett of Milwaukee, chairman.

The President elect was conducted to the chair and announced the following as the Standing Committees for the ensuing year:

Arrangements, Drs. Griffin, Mayham and Barnes. Surgery, Drs. Mason, Meacher and Senn. Practice, Drs. Manley, Fox and Ferrin. Obstetrics, Drs. Armstrong, Reynolds and Butterfield. Pathology, Drs. J. Johnson, J. C. Meacher and Rice. New Remedies, Drs. Brown, Jenkins and Dodson. Medical Education, Drs. J. E. Davis and Brunnell. Diseases of the Eye, Dr. E. W. Bartlett.

Dr. Griffin was requested to prepare an obituary notice of the late Dr. M. Daring, of Fond-du-Lac, the first President of this Society, after which the Society adjourned to meet in Fond du Lac, on the third Wednesday in June, 1872.

Following the adjournment, a number of the members of the Society spent a pleasant hour in visiting the "National Asylum for disabled Volunteers," which is situated a few miles out of the city, a special train having been kindly provided for the purpose.

J. T. R.

BALTIMORE MEDICAL ASSOCIATION.

[REPORTED BY J. W. P. BATES, M. D.]

Chloral Hydrate.

Dr. UHLER.—Chloral was discovered by Liebig in 1830, and ammonia in 1832. It is produced by the action of chlorine on alcohol. It attracts moisture and varies according to the weather. It is seen in the form of powder, cakes and crystals, the last being the best. It is prone to decomposition, and should, therefore, be ordered in small quantities. Abscess is very apt to follow its use hypodermically, and unless great care is exercised it cannot be retained as a suppository. It acts slower than chloroform, and its action is limited by the alkalinity of the blood, and therefore it is safer than chloroform. Hammond says its first effect is to produce congestion of the brain, but its after effects are to produce anemia of that organ. As a hypnotic it has been used in tetanus, chorea, hydrophobia, mania, puerperal mania, trismus nascentium, epilepsy, neuralgia, and

many other diseases. I frequently give an alkali with it to make it act promptly. On theoretical grounds I do not think it should be given in combination with bromide of potassium. It is said to produce hemorrhage in labor, and, therefore, should not be given.

Dr. Williams.—There has been a great deal said about the danger of using chloral, and Prof. Smith, at the last meeting of the State Faculty, spoke of it from this stand-point. He thinks it a remedy of extreme danger; this is contrary to my experience. In ordinary doses it is entirely safe. Many preparations in the market are very impure, and some completely inert. Its physiological effect is to produce a diminution of the blood in the brain, and from this the sleep approaches more nearly that of nature. It is going too far to say there are no bad after effects. In the majority of cases there are none, but in others the extreme prostration, and in some motor paralysis ought to make us cautious. It is not an anodyne in the proper sense of the word, but only a hypnotic, because it produces sleep without relieving pain. I have a number of times proved that it is not an anodyne, by awakening the patient, when I find that the pain still continues. I have ceased to use it to relieve pain unless combined with some preparation of opium. I use it simply to produce sleep, which it does by overcoming the fullness of the cerebral vessels. It is very useful in convulsive attacks, and in infantile convulsions it is the best remedy we have, especially when combined with pot. bromid. In acute mania and delirium tremens nothing acts as promptly and efficiently. Twenty to thirty grains is my usual dose; twenty grains being generally sufficient. To a child from six months to one year old I give from two to five grains.

Dr. Latimer.—In a case of epileptiform convulsion, supposed to depend upon softening of the brain, I gave it in ten grain doses. I was sent for after the first dose, and found extreme prostration. After the use of brandy, whisky and ammonia the patient rallied. I have used chloral and bromide of potassium in combination, and seen no ill effects from it. I think it is an error to suppose chloral acts by the formation of chloroform in the blood. The effect of chloral is very distinct from that of chloroform.

Dr. Uhler.—In a few cases I failed to get any effects from its use, but after administering an alkali they were manifested promptly. We are cautioned not to administer it if there be great alkalinity of the stomach. Bromal is not to be compared with chloral.

Dr. Latimer.—If chloral is decomposed as claimed, it would be better to give chloroform at once and know what we were doing.

Dr. Uhler.—Has any one treated a case of strychnia poisoning or glaucoma by chloral?

Dr. Arnold.—With regard to the danger from its use, I have used it in a large number of cases with no disastrous effects. The reports of its danger need not deter us from the proper use of it, for some of our most potent remedies are highly dangerous if improperly used. It is a decided hypnotic, and is useful in those diseases in which vigil is a prominent symptom. I do not think it so useful in spasmodic or painful diseases. In the former it does not compare with bromide of potassium. I gave it in a case of traumatic tetanus. It moderated the violence, but did not prevent a fatal termination.

Dr. Maddux.—In a case of gastralgia of many years' standing all the remedies had been tried without producing any permanent effect. When I saw the case there had been no sleep for two days and nights. I gave gr. xxx, and in ten minutes he was asleep and has had no return of the pain since.

Dr. Warren.—I have had much experience in the use chloral and in all kinds of cases and have never seen any bad effects from it. At first I accepted the theory of decomposition, but am convinced that it cannot be true. I have given chloroform and controlled spasm, but have never seen it produce sleep or influence the cerebrum. Chloral acts upon the brain and produces sleep. You may give chloroform by the stomach and you will detect it in the breath, which cannot be done when chloral is administered. Chloroform was introduced into the blood and the power of the red corpuscles to absorb and convey oxygen was destroyed; and the heart was paralysed by the smallest quantity. Why do we not see such effects result from the use of chloral, if it is transformed into chloroform by the blood? It is said that it is not an anodyne. In a strictly scientific sense it is not. Pain is the cognizance of local irritation by the brain, and if chloral places the brain in such a condition as not to take notice of a local irritation, is it not practically an anodyne? Of all agents chloral is the poorest in mania-a-potu. It may put to sleep, but when the patient wakes all the symptoms are present in full force. It will frequently prevent an attack. There are various forms of mania-a-potu; in some there is acute congestion tending to cerebritis, and in this chloral does good by unloading the congested vessels. In many cases anemia is present; here chloral is not the remedy because it aggravates the condition. It is an invaluable agent to control spasm, as in cramp colic, asthma, etc. It acts on the nerve filaments as well as the nerve centers. Some time since I was called to treat a case of quotidian intermittent fever in which quinine had lost its power. There were also violent attacks of hysterical paroxysms. I gave chloral, gr. xxx, an hour before the expected paroxysm and cured the case.

Dr. Williams. In regard to Dr. Warren's remarks on the anodyne properties of chloral, it is very easy to prove that it is only a hypnotic. Give a man a dose of opium and he sleeps, when pain is relieved. If you arouse a person under the influence of chloral, you will find that the pain is still present. I have tested this in labor cases and also in sciatica. Thus there is a marked difference in the thera-

peutical action of the two drugs. The extreme acridity of chloral makes it very disagreeable, and I think it is best given in milk.

Dr. Warren.—It does not act in the same way and to the same extent as opium. Opium relieves an irritation and the consciousness of it, while chloral only removes the consciousness of pain. Sometimes the local irritation continues when opium is used.

Dr. Hartman.—I had a case in which opium could not be used. I gave gr. xxx of chloral which produced sleep, but when the patient awoke she declared that she had felt the pain all the time.

Dr. Arnold.—Did she not dream?

Dr. Hartman.—I think not. In some instances the patients wake up refreshed; in others they suffer from an intense headache.

Dr. Williams.—Were they anemic?

Dr. Hartman.—No.

Dr. Warren.—Were their stomachs irritated?

Dr. Hartman.—No.

Dr. Gilman.—Was it a pure article?

Dr. Hartman.—That is the question. I am not able to tell the good from the bad when it is in solution. Probably many of the bad effects complained of are produced by an impure article. I have frequently seen emesis and headache produced by it. I usually give it in plain solution, and think syrups are contra-indicated as a vehicle.

Dr. Howard.—It is both practical and interesting to make a distinction between an anodyne and a hypnotic. Atropia is more of an anodyne than opium, but does not equal it in hypnotic properties. It is a question whether chloral does not act on the cerebral mass that presides over intellect, and not on the center of sensation.

Dr. Maddux.—What is the length of the sleep produced by chloral? I usually find it about two or two and a-half hours.

Dr. Williams.—Depends very much upon the condition for which we give the remedy. If for nervousness it may last six, eight or ten hours; but if much pain, it will probably be short—say three or four hours.

Dr. Warren.—In Dr. Hartman's case the sensation of pain was probably felt just at the moment of waking, and she thought she had felt it all the time. If it produces nausea and vomiting it will be followed by headache. Practically, not scientifically, it is an anodyne.

Editorial Department.

Periscope.

The Adulteration of Liquors.

The *Druggists' Circular* says: We have given considerable time to the investigation of this question, and have come to the conclusion that it is next to impossible to obtain real sherry and port wine, and very difficult to obtain real brandy. The cheaper liquors, such as whisky, gin, apple jack brandy, and others, are all made from high wines, and sometimes even low wines are employed for this purpose. They are mixtures of alcohol, water, and ethers, which, according to the process of fermentation, distillation, and the materials employed, are of different composition and quality, thereby characterizing the different liquors. They are colored by either sugar coloring or extract of logwood. The fusel oil is the most objectionable, in fact, highly poisonous, constituent of these liquors, and ought to be removed as far as possible without destroying or removing the compound ethers of it. This is accomplished by filtering through charcoal, or by distilling for very high graded wine. We are aware, however, that it lies principally with the distiller himself in selecting the materials and conducting the fermentation properly, to avoid the formation of an undue amount of fusel oil. The quality of these liquors may be tested in the following way: a certain volume is subjected to distillation in a retort, connected with a Liebig's cooler to condense the alcohol. After three-fourths of the liquid are distilled over, remove the flame; fill up the alcohol to the volume originally taken, and note the specific gravity, from which may be calculated the percentage of spirit; the residue in the retort is tested for the taste and odor, whereby the nature of the coloring material and the adulteration with pepper or other sharp-tasting spice is detected. The alcohol is tested for fusel oil. The percentage of alcohol in whiskeys and gins is from 45 to 50, that of brandy from 50 to 65. The residue from brandy will always contain some tannic acid, derived from the oaken casks in which it is exported. This is easily detected by a salt of iron giving the greenish blue color of ink. The same plan is followed in the analysis of wines, where the residue alone will be a criterion of the quality of the wine. All wines contain tartaric acid in some shape, which, however, is generally supplied in manufactured wine, so that its process cannot be taken as a proof of the genuineness of the wine. We can give at present no sure test for establishing the difference between natural color and artificial coloring, though many have been published from time to time. This is a question which must be decided by the experience of the analyst.

Partridge Poisoning.

JOHN HOMANS, M. D., gives the following case in the *Boston Medical and Surgical Journal:*

Mr. W., æt. 40, ate about half a roast partridge at 1 o'clock, P. M.; at quarter past two, went down town in the horse-cars. At about 3 o'clock, when near "Scollay's building," he suddenly lost his sight and fell ill. His vision partially returned, and he was able to reach the horse-car station, at Montgomery place, though with difficulty. Everything appeared as in a thick smoke. When the car reached Boylston street, Mr. W. felt so wretchedly that he went into the hack stable, there to get a carriage. He was found by the stable people, who were out at the moment of his entrance, seated in an arm-chair, in a state of the most complete collapse. At this time I saw him. He was huddled in the chair, perfectly limp, no muscular contraction whatever being exerted. The color of his face was ashy pale, except that a part of the forehead and the lips were purple; he was unconscious, his skin was cold, frothy mucus was hanging from his nostrels and mouth, and his breathing was just perceptible, and so feeble that it seemed as if the air only entered the trachea; there was no pulse at the wrist, and there was that peculiar odor of clammy perspiration which is so commonly noticed just before death; in short, Mr. W. looked exactly like a person moribund with phthisis.

He was roused a little and swallowed about a teaspoonful of brandy and ammonia with water, and at once vomited a brownish tenacious fluid, with several cranberry skins. While he was vomiting, the mucus in his nostrils and throat nearly strangled him.

As soon as possible, he was taken home, put to bed and surrounded with as many bottles of hot water as could be procured.

As the vomiting seemed to relieve him, mustard and ipecacuanha were given. He vomited several times, and complained of an intense pain in the small of his back. At 5, the pulse was just perceptible at the wrist. was 36 and regular at the carotid; the surface of the body was warmer, and his consciousness perfect. At 6, P. M., body warm, pulse 40, nausea still present. Enema of hot milk and whisky. At 7, slight dejection. At 7¼ was helped to the water closet, and had a free dejection. At 8, P. M., pulse 56. Up to 10, P. M., had several attacks of vomiting, mostly mucus; also several loose dejections at closet. At 10¼, pulse 56—warmth good.

The next morning, at 8, pulse 72. Vomited only twice in the night. Feels pretty comfortable, but languid.

When questioned, he said the partridge tasted quite bitter, but not otherwise remarkable. There was snow on the ground at the time. For other cases and some of the theories in regard to the poisonous element in the partridge, the society is referred to the very interesting paper by Dr. JACOB BIGELOW, in the volume entitled "Nature in Disease," and other writings. The uneaten half of the partridge was given to me, and, so far as I can see, it resembled perfectly any other cold-roast partridge.

On Spectrum Analysis of Blood-Stains.

Mr. H. C. SORBY, F. R. S., etc., writes to the *Medical Press:*

The *Lancet* of May 20th, 1871, contains an article on the above-named subject, the whole bearing of which is to the effect that this method cannot be relied upon in such inquiries. Now, I think myself entitled to express a very decided opinion on the subject. I have for some years devoted the greater part of my time to investigations by means of the spectrum-microscope, have examined many hundred different spectra, and seen those of the coloring matter of blood and of the various compounds derived from it, times without number, and all that I can say is that, as my experience has increased, so much more has increased my confidence in the recognition of blood by this method. Of course, an inexperienced observer could not be trusted, no more than any one ignorant of chemistry could be relied on in detecting poisons. I must be pardoned for saying that I can only explain the remarks in the *Lancet* by supposing that the writer is not conversant with the subject; for how otherwise could he say that "no discovery has yet been made by means of these (absorption) spectra," when so much light has been thrown on the behavior of blood in presence of oxygen and other gases; and when there have been discovered in some of the lower animals other substances than hæmoglobin, having similar properties, and supplying its place, besides some hundreds of different coloring matters in animals and plants, which could not have been studied in any other manner. Moreover, it appears to me that, if the writer ever saw the spectra of blood, it must have been under most unfavorable circumstances; he must have examined a bad preparation, with an unsuitable instrument, perhaps out of focus. I cannot otherwise understand how he could say that "all that is to be observed is a little *dimness* here and there in the spectrum. The dim spaces, which are not sharply bounded, have been dignified with the name of absorption bands." Now, I would undertake to show the writer in a few minutes that the absorption bands seen in the spectra of oxidized hæmoglobin and deoxidized hæmatin, instead of being a mere *dimness*, are as black and distinct as could be desired. He would see that they are as well defined as if we had a piece of a rainbow on paper, and marked bands on it with the blackest ink. I willingly admit that, in the case of some substances, absorption bands are indeed faint, or quite absent; but that fact, amongst many others, only serves to distinguish them more certainly from blood.

My general conclusion is that it is the fault

of the experimenter himself, if, except in a few special cases, he fails to recognize a blood-stain containing only the hundredth of a grain of blood, and if he do not easily recognize one that has been kept dry, even for a period of fifty years. For a description of the method to be employed in various cases, I refer to my paper on this subject in *Guy's Hospital Reports*, 3d series, vol. xv., 1870, p. 274, and to Dr. Letheby's paper in the third volume of the *London Hospital Reports*. Of course, I do not pretend to say that human blood can be thus distinguished from that of other animals, but I unhesitatingly say *that we can distinguish blood from all other animal and vegetable coloring matters.*

On Oakum as a Dressing for Burns.

Mr. ROBERT L. SNOW writes to the *British Medical Journal:*

I wish to bring under the notice of readers the value of common picked oakum as a dressing in the suppurating sores resulting from burns. Among the good effects which I claim for it are these: First, it ordinarily induces the cicatrization of extensive sores with remarkable rapidity; secondly, it induces healing action in such of these as, occurring in debilitated subjects, or under defective hygienic conditions, have almost assumed the character of indolent ulcers, and remain stationary under the application of the ordinary lotions; thirdly, I may allude to the almost entire absence of any offensive smell under the use of oakum, to its cheapness, and to the saving of time and trouble effected by its employment; lastly (and this I hold to be by far the most important point of all), the *resulting cicatrices do not contract.* I have not yet used oakum in a sufficient number of burn cases to advance the last statement as absolute; but in the limited number in which I have been able to employ this dressing thoroughly (in several of these there were very severe and extensive sores), I have always found the cicatrix of a peculiar dark-reddish color and soft consistence; none of the usual tense fibrillated appearance has been visible, and no subsequent contraction has ensued.

I now always use the common oakum, which appears to me to answer much better than the recently introduced "tenax," and probably contains more of the tarry principles. This is wetted with cold water, then placed on the surface of the sore, and a bandage loosely applied over it. No pain follows the application; but the oakum has to be wetted (without being removed) with cold water several times a day, or the patient will complain of its feeling dry and sticky; the latter may generally be left to do this *ad libitum.* The dressing need not be changed oftener than on alternate days—sometimes not until every fourth or fifth day, according to the condition of the wound and the amount of suppuration present.

Under this application some very large and deep sores heal with marvelous rapidity—many of which would not be well for months under the ordinary modes of treatment, cicatrizing in the course of as many weeks. All make very favorable progress toward healing, but in some the process is much more rapid than in others. The granulations seem to have a much diminished tendency to become exuberant, and seldom require either pressure or the application of escharotics. The oakum should not be applied until suppuration is well established; previously, it does not seem so beneficial as many of the applications in ordinary use. It may also be used with benefit for suppurating ulcers resulting from other causes than burns; but I have not found the former heal with nearly so much rapidity as the latter.

The last of the considerations which I have adduced above must be my main apology for sending this paper, which I have done in the hope of inducing further trials of the material. Admitting that my own experience has not yet been sufficiently extensive to decide the point absolutely, if indeed we acquire the means of preventing the frightful sequelæ of burns, unfortunately so common, we shall have made a material contribution to the alleviation of human suffering.

I may mention, in conclusion, that I have lately adopted Mr. Skey's plan of applying a solution of nitrate of silver (twenty grains to the ounce) to all recent burns, with the best effect; the pain being soon much alleviated, and the subsequent ulceration considerably diminished.

Menorrhagia from Subinvolution.

Dr. LOMBE ATTHILL, M.D., Fellow and Examiner in Midwifery, King and Queen's College of Physicians; Obstetric Physican to the Adelaide Hospital, Dublin, gives the following case in the *British Medical Journal:*

Mrs. F., æt. 48, the mother of twelve children, presented herself among the extern patients of the Adelaide Hospital nearly a year ago. She stated that ever since the date of her last confinement, five years since, menstruation had gradually become more profuse, the flow continuing for a longer time than usual, the intervals between the periods being correspondingly shortened. During the intervals she suffered much from profuse leucorrhœa, and, as a result of this nearly incessant drain, became greatly debilitated. On examining the uterus, the sound passed to the depth of three inches and a half. The os uteri was patulous; there was extensive ulceration of the os uteri; and on separating the lips, the mucous membrane lining the cervical canal was seen to be thickened and highly vascular. This was a case requiring energetic treatment, which I did not dare to attempt so long as she continued to follow her ordinary occupations; and, for a time, she refused to come into Hospital. But, finally, her condition becoming much worse, she con-

sented to do so. My first step after her admission was to introduce several lengths of sea-tangle bougies through the os internum, with the view of being able to explore the cavity of the uterus, and to make the necessary applications to the entire extent of the cervix uteri. This proceeding having enabled me to decide that there was not any polypus or fibrous tumor in the uterus, I cauterized the entire of the inner surface of the uterus freely with strong nitric acid; this did not cause any pain. She was, however, as a precaution, kept in bed for three or four days. On examining her after the lapse of a week, the condition of the ulceration which existed round the lips of the os was found to have improved considerably, and she was discharged in a short time perfectly cured.

In the foregoing case, subinvolution was manifestly the primary cause of the menorrhagia, the ulceration being altogether secondary. But in many cases, subinvolution exists alone, or, on the other hand, ulceration may exist alone, either condition being fully sufficient to give origin to severe menorrhagia. As an instance of the former, the following serves as an example. F. L., aged 24, married about a year, was a delicate young woman of lymphatic temperament. Menstruation had always been profuse, especially if she took walking exercise, or exerted herself during the flow. She became pregnant after the occurrence of the second menstrual period following her marriage, but, having imprudently taken a long and fatiguing walk, she aborted at about the eighth week; the two subsequent menstrual periods were so profuse as to reduce her to a state of extreme debility. Ergot, gallic acid, etc., failed to do good. On examining her after the termination of these periods, the uterus proved to be considerably elongated, the sound passing to the depth of three inches and a half; there did not exist any ulceration. The history of the case being altogether against the supposition of the existence of polypus, I came to the conclusion that the menorrhagia depended on subinvolution; in fact, that the uterus had never regained its normal size and tone since the miscarriage, which had occurred two months previously. I therefore decided on carrying out a plan of treatment, the value of which I have repeatedly tested; I mean the introduction up to the fundus of the uterus of ten grains of the solid nitrate of silver, and leaving it to dissolve there. This I accordingly did. The application produced considerable pain, which lasted five or six hours, but no further unpleasant results followed. I confined this patient to bed for several days, but then allowed her to go about. Menstruation appeared at the regular time, and was moderate in quantity; and she became pregnant immediately afterwards.

I wish to call attention specially to this case; first, as illustrating the occurrence of subinvolution as a result of abortion—a fact which is overlooked by many; next, as showing the dangerous menorrhagia which may depend on this condition of the uterus; and, thirdly, as proving the excellent results which follow the treatment adopted. Ergot, gallic acid, and, indeed, all other medicines will frequently fail to check menorrhagia depending on subinvolution; and we must have recourse to treatment directed to the uterus itself; we must stimulate the organ to set up that healthy action by which it regains its normal size after pregnancy has terminated—a process to which Sir J. Simpson has applied the term "involution." With this view, I unhesitatingly advocate the adoption of the treatment practiced in the preceding case. I know no other so efficacious.

The mode of carrying it out is simple. The instrument known as Sir Jas. Simpson's *uterine porte caustique* is introduced into the uterus just as an ordinary uterine sound. This little instrument consists of a hollow silver tube, in size and shape closely resembling a sound; it contains a flexible stilette, which it fits accurately. As soon as its point is found to have reached the fundus of the uterus, the stilette is withdrawn, and through the instrument is pushed up, by means of the stilette, a piece of solid nitrate of silver reduced to the requisite size and weight, till it is fairly lodged in the cavity of the uterus. In doing this, there is but one caution requisite to be attended to; namely, that as soon as the piece of nitrate of silver has reached the extremity of the *porte caustique*, and before it is finally pushed out of the instrument—a point of which we can always be certain by observing how much of the stilette remains still unintroduced—the instrument should be withdrawn to the extent of about half an inch; for if this precaution be not observed, it is possible that the nitrate of silver might be forced into the substance of the uterine wall, instead of being left free in its cavity, an accident which, though possible, is very unlikely to occur. I have dwelt at some length on this plan of treatment because I am satisfied that its value is far from being appreciated. It is looked upon by many practitioners as heroic and dangerous. I believe, and I have practiced it for several years, that it is simple and safe. I do not say that it is always sufficient, and that a cure must always result; but in my hands it has been productive of marked success, and in no single instance have I known of its producing serious symptoms. The application of solid nitrate of silver to the interior of the uterus is by no means a novel practice. Dr. Evory Kennedy used to introduce it into the cavity of the body of the womb by means of an ordinary female catheter, several years ago, but he did not leave it there to dissolve. To Sir J. Simpson we are indebted for the further development of the practice, and for the invention of the *porte caustique*. Dr. Kidd, I think, was the first of the Irish obstetricians who adopted his practice.

Hydrate of Chloral in Insanity.

In his last report of the Royal Glasgow Asylum, Dr. MACKINTOSH makes the following remarks on the hydrate of chloral:

In my last report I alluded to the new drug chloral hydrate, and as we have since used it to a great extent here, I think it proper to state the results of our experience. It has been given principally in the form of syrup, in doses varying from ten to forty grains, rarely exceeding eighty grains in the course of twenty-four hours. In general, it induces sleep for several hours continuously, and this too, although taken for a length of time. The patients capable of giving correct answers state that its effects are most soothing and agreeable to their feelings. Some of them are very fond of it; but a common complaint among the melancholies is, that when it does not cause sleep it slightly intoxicates them. In many instances, especially in acute mania, it has completely failed, and markedly so in cases of recurrent mania, where, however, we should add, no kind of medicine seems to abate or arrest the progress of the paroxysm. In the case of some patients it has a tendency to relax the bowels, and never constipates them; it very seldom causes nausea or headache, and the tongue is not found to be dry, as it is after the use of morphia and other sedatives. We must say that we have proved it to be a valuable medicine in cases of insanity and delirium tremens; no bad symptom has been caused by its administration in our practice, and it is more harmless and safe than any other hypnotic known to us.

In the annual report of the Joint Counties Asylum, at Carmarthen, Dr. Hearder thus speaks of the hydrate of chloral:

As regards the remedial value of medicines used, the chloral hydrate certainly claims the foremost place. In the majority of cases it may be relied upon to produce sleep, and that without causing disorder of the digestive organs or other unsatisfactory results. In other cases 30 grains have been administered every three hours for several days without producing marked effects. Full particulars of the recorded observations of the action of this drug will be reported to the Therapeutical Committee of the Medico-Psychological Society. In several cases I have noticed that it has caused a state of chronic lachrymation, the features being contorted as in uncontrolled grief, and the depressing emotions rendered morbidly active. One female, suffering from chronic mania, the most violent and ungovernable patient in the house, from whose breast every touch of human sympathy or feeling had apparently disappeared years ago, became most markedly affected in this manner, and called, in agonized tones, on her "dear mother," at the same time shedding tears copiously. The effect passed off in about an hour, and, the dose of the remedy being diminished, has not again been produced. This woman has become quiet, harmless, patient, and obedient.

A Rare Form of Poisoning by Quinine.

DR. A. BRAYTON BALL reports the following case in the *Medical Gazette:*

The case which is the subject of this article occurred about a year since, in the practice of a physician of this city, who has kindly given me the notes from which the account is compiled. I am convinced that this form of quinism occurs more frequently than might be supposed from the fact of its having been overlooked by systematic writers on materia medica. My object in publishing this case is to elicit similar reports from others, and thus to secure the recognition of such accidents by our text-books on this subject.

On April 15, 1870, Mr. A., a merchant of this city, who had previously enjoyed good health, was taken ill with febrile symptoms which lasted five days, and were thought by his physician to be of a malarial nature. In accordance with this view, quinine was prescribed in the form of two grain sugar-coated pills, of which the patient took three on April 22d, two days after perfect recovery from the previous attack. On retiring at night Mr. A. noticed that his hands were beginning to swell, and soon experienced severe burning and itching, which deprived him of rest. Toward morning the feet became similarily affected. When seen on the 23d inst. the hands and feet were swollen and erythematous, the eruption being most conspicuous on the palms and soles, extending to the wrists and ankles, marked by a sharply-defined border, and resembling the eruption of scarlatina. There was no febrile disturbance, and the patient expressed himself as feeling very well, with the exception of the annoyance from the burning and itching. During the following day the rash extended over the whole body, and on the fourth day the cuticle of the hands and feet began to desquamate. Desquamation shortly ensued upon the trunk and limbs. The cause of these singular symptoms being entirely unsuspected, the quinine was ordered to be resumed on April 30th, and the same night, after having taken three pills (six grains), the patient experienced toxic effects of still greater severity, viz.: high fever; pains in the limbs; tongue heavily coated, clearing in a few hours to a dark red color; burning and pricking of hands and feet, with a return of the swelling and rash, which eruption extended over the trunk and limbs, and was followed by a second desquamation. From this second attack he failed to convalesce quickly, and went into the country, remaining there about a fortnight, during which time, although (so far as can be ascertained) he took no more quinine, he occasionally suffered from burning and itching in his hands and feet, and on one or two occasions there was a slight return of the rash. On Monday, May 23d, having returned from the country in good general health, he took two more pills (grains 10) on his own responsibility, one at noon, and the other shortly before dinner.

While eating his dinner he experienced a peculiar tingling sensation in his tongue, which, in a few minutes, became so swollen as to interfere with articulation and deglutition. This symptom was soon followed by a rapid pulse, heat of skin, mental excitement, and incessant muscular tremors. The hands swelled, assumed the classical boiled-lobster hue; in short, he was again ill for four or five days, and desquamation ensued for the third time. The quantities of quinine stated as taken are accurately given, and a subsequent examination of the pills remaining in the box showed that they contained only the sulphate of quinine with a little cinchonine and the usual sugar coating. As if to leave no doubt as to the relation between the symptoms and the cause assigned, it has been ascertained that Mr. A. had a similar attack about six years ago, which was regarded by his physician as scarlet fever, and that the attack came on after he had taken a few doses of the tincture of bark, which had been prescribed for him as a tonic.

Spurious Meningitis.

DR. WM. W. BELL says in an article on the subject, in the Indianapolis *Journal of Medicine*:

The general symptoms of spurious meningitis are these: The child, either during or shortly after the attack of some acute disease, becomes heavy and drowsy, lying in the lap of its nurse, unable or unwilling to raise its head; a deep langour seems to have come upon it; it seems half asleep, half awake; no object attracts its attention; if disturbed it becomes restless for a few minutes, and then sinks into its drowsy sleep again; the facial expression is peculiar; sometimes the child is uneasy and restless instead of drowsy; sighing and moaning continually; the least noise or touch causes it to start and scream; the arms are thrown about, and the hands used to rub the head as if the child were in pain there; the face is pale. There may be diarrhœa, or there may not be; vomiting is a frequent symptom; as the disease progresses the pupils are more or less influenced by light; perhaps unequal in size; the eyes sunken and surrounded by a lead-colored zone; the general surface cold; tongue covered with a white or brown fur; pulse weak and frequent, perhaps irregular; the respiration, also, may be irregular. The fontanelle, if the child is young, is found depressed. If not rescued by proper treatment, the collapse deepens; pulse almost imperceptible; pupils uninfluenced by light, so sluggish have they become; convulsions may at last set in, and death soon closes the struggles of the little sufferer.

In forming your diagnosis, you must get the previous history of the case. Then, the onset of spurious meningitis is sudden; that of meningitis, usually slow and partially masked in character. In acute meningitis, the fontanelle is more depressed, but always prominent because the brain is crowded with blood. The eye is always bright, and the brow always has a frown upon it. Light is more painful than in spurious meningitis; there is more delirium; convulsions more frequent; and you often have paralysis in some part of the body; the bowels are usually constipated; the skin hot and dry; the pulse frequent and hard. The head is retracted; there are tetanoid spasms, and great, or at least considerable, hyperæsthesia.

Treatment: A careful estimate of the child's assimilative powers should be made, and nourishment given in accordance with their utmost capacity, without, however, going beyond this point. It should be given frequently and in small quantities, and always be fluid. Brandy or wine are excellent stimulants; the brandy may be given with milk or beef essence. If diarrhœa exists, the acetate of lead answers better in checking it than most other remedies; or the chalk mixture with tinct. catechu or kino. Should they fail, try the following:

℞ Bismuth sub. nit., ʒij.
Vinum ipecac., ℥iij.
Syrup zingiber, ad., ʒij. M.
A teaspoonful every hour until relieved.

It is astonishing what a salutary effect ipecac. has in allaying inflammatory action occurring in the primæviæ.

The child should be warmly clothed and kept in a well ventilated apartment. Should there be much collapse after using the warm bath, the following mixture is of great use in relieving it:

℞. Spts. ammon. aromat., ʒiij.
Tr. cinchonæ co., ʒiv.
Ext. hyoscyami fl., ʒj.
Syrup zingiberi, ad., ʒij. M.
A teaspoonful may at first be given every one or two hours; afterward, every four hours.

The carbonate of ammonia is sometimes a most excellent substitute for the aromatic spirits; it should be given in small doses, and increased gradually until it begins to show signs of nausea. I also fancy I derive aid from rubbing cod liver oil over the abdomen. The warm bath should be repeated every day, and a brisk rubbing with a rough towel, afterward. Sometimes the physician may find the child in convulsions. The following will allay the paroxysm, and possibly prevent its return:

℞ Potas. bromidi, grs. xl.
Ammon. bromidi, grs. xii.
Tr. cannabis Indica, ʒ ss.
Syrup zingiberi, ad., ʒij. M.
A teaspoonful every hour until the spasms are allayed, then three times a day for a few days.

Such is a general outline of treatment, which may, of course, have to be altered to suit the requirements of each individual case.

——The order of the Iron Crown of the second class has been conferred on Dr. Frerichs of Berlin, whose classical work on the *Liver* has made his name well and favorably known to our readers.

Reviews and Book Notices.

NOTES ON BOOKS.

The medical publications of the present year on the continent of Europe are chiefly in the German and Italian languages, the French not having as yet sufficiently recovered from their disasters to give attention to scientific literature. Italy has been unusually active. Dr. Fd. Massec of Naples, has published a monograph of 60 pages on constructions of the larynx (*sui restringimenti laringei*); and Dr. Rossi of the same city, a small treatise on the anatomy of the eye (*Dell' occhio umano e delle sue parti accessorie*). A second edition of the essay on hypodermic injection of Dr. P. Schwardi of Milan, has appeared (*La medicazione ipodermica*, 236 pages). The approach of the cholera has induced Dr. E. Leone de Pietra of Palermo, to put to press his treatise on that disease (*Trattato practico sul cholera*, 223 pages). And Dr. Gamberini of Milan, has published a convenient manual on skin diseases (*Manuale delle malattie cutanee*). The more settled political condition of Italy is having a beneficial effect on the pursuit of science, and has removed some of the weights which have for centuries repressed free inquiry and sound science.

We may now look forward to the Italian medical schools assuming once again that enviable rank which was theirs a few centuries ago.

Charles C. Chatfield & Co., of New Haven, have in press the last two sermons preached by President Woolsey, before retiring from the Presidency of Yale. One of them is his farewell sermon delivered July 2. This was pronounced, by those who heard it, to be the best he ever preached. The other is his last baccalaureate, delivered July 9. They will be printed in elegant style and bound up in paper (60 cents), and in cloth ($1.00).

Dr. Judson B. Andrews, in his article on "The Physiological Action and Therapeutic Uses of Chloral" (reprint from the *American Journal of Insanity*), reports very favorably of the employment of that drug in insanity.

Epilepsy may be associated with either cerebral congestion or cerebral anæmia. In the one case bromide of potassium is an excellent remedy; in the other, of no avail. The diagnosis can be made with the ophthalmoscope. Often syphilis leads to epilepsy. On the faintest suspicion of this a specific treatment must be used. For cerebral anæmia, sulphate of strychnia is the remedy. Such are some of the theses maintained by Dr. Reuben A. Vance, in his pamphlet "On Syphilitic Epilepsy" (reprint from the *American Journal of Syphilography and Dermatology*), which has been sent us.

Another reprint from the same journal is Dr. M. H. Henry's article "On Computation of Redundant Scrotum in the Treatment of Varicocele." It describes a new instrument which Dr. Henry has successfully employed.

The Seventh Report of the Trustees of the City Hospital of Boston indicates that institution in a flourishing, though rather overcrowded, condition.

BOOK NOTICES.

Handy-Book of the Treatment of Women's and Children's Diseases, according to the Vienna Medical School, with Prescriptions. By Dr. EMIL DILLUBERGER. Translated from the second German edition by PATRICK NICHOL, M. B. Philadelphia: Lindsay & Blakiston. 1871. 12mo., pp. 244.

This useful little book gives in a condensed, yet practical form, much useful information in regard to the treatment of women's and children's diseases. The English editor has added an interesting index to the main differences between the Austrian and other modes of treatment. The work concerns itself entirely with therapeutics—a department of medicine too often neglected in both English and American works on practice. It will therefore be found a valuable supplemental volume to many more elaborate treatises upon the diseases of women and children.

The Physician's Prescription Book, containing lists of the Terms, Phrases, Contractions and Abbreviations used in Prescriptions, with Explanatory Notes, etc., for the use of Medical and Pharmaceutical Students, by JONATHAN PEREIRA, M. D, F. R. S. Fifteenth Edition. Philadelphia: Lindsay & Blakeston. 1871. 24 mo., pp. 286.

This well-known manual has a deserved popularity with the profession. We wish it even a larger circulation than it has had, in the hope that its general perusal will do something to lessen the false latinity now, unfortunately, so frequently met with on the apothecary's prescription file.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 12, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

ANÆSTHETIC DISCOVERY.

A fresh start seems to have been taken by the disputants concerning the discovery of anæthesia for surgical purposes. A few weeks ago we referred to the pamphlet of Dr. COLLYER and the merits of his claim. Now we have a pamplet "prepared by the committee of citizens of Boston chosen to raise a Morton testimonial fund," setting forth anew the claims of Morton to be "the inventor and revealer of anæsthetic inhalation."

The pamphlet brings forward no new historic points, and with the old ones the profession is sufficiently acquainted. There is a great deal of credit due to Dr. MORTON, and he deserves to be ranked along with WELLS, COLLYER and SIMPSON as one of the pioneers in the important discovery associated with his name. But he is far from deserving all the credit which his admirers assign him. The motives that prompted him were those of trade merely. If he could have had his way he would have monopolized the traffic in anæsthelics, and been the "vulgar merchant of Letheon," which one of the French writers on the subject has called him. Fortunately for everybody except his heirs, this ambition of his was frustrated, and that he ever entertained it is now no comfortable thing for his friends to consider.

We confess to little sympathy for the views of those who urge that because Morton was unable to keep ether as a secret proprietary preparation—a patent medicine, in short—that, therefore, either we or Congress or anybody else are called upon to subscribe to a fund in his behalf. Any similarly unsuccessful patent medicine man might put in the same claim, and with nearly equal propriety.

SANITARY INFORMATION.

Dr. TYACKE, at a recent meeting of the British Medical Association, remarked:

"As regards the sanitary measures in general, the ignorance and prejudices of the masses render the efforts of the enlightened few to a serious extent inoperative. Even strong governments in this country shrink from enforcing the law against proved violations of the most recent Sanitary Acts; and insanitary abuses are allowed to continue, to the danger of health and life, and increasing burden of local rates. Perhaps the only reason for such a state of things—and it can be only gradually brought about—is the special education of the people in sanitary matters. They should be taught that the means for the prevention of disease are more important even than those for the cure of it. They should be instructed as to the conditions and circumstances that influence, favorably or prejudicially, their physical and moral weal. To this end, efforts should be made in our parish and district schools, as well as in our higher educational establishments. Much might be effected by the ministers of religion, the city magistrate, and the country gentleman. But medical men, by position and knowledge, are especially qualified to assist in the promotion of education of the desired kind; and we shall be found, I trust, ready and desirous, at all times and on all occasions, to exert ourselves in the furtherance of sanitary measures, and to instruct the minds of those with whom we may have the influence with a just appreciation of them. Most of us, in the treatment of diseases, especially of the typhoid type, must have observed that, in certain houses and localities, the usual remedies fail in their effect; that fevers of the severer kind are more than ordinarily fatal; and that convalescence from slight attacks is tedious or impossible without change to another more healthy district. Such cases frequently come under my observation, and I find it very difficult to persuade the patients or their friends that the obstacle to their recovery lies in the insanitary condition of their own houses and premises. It is not sufficient to inform them that the close tainted air they breathe and the impure water they drink are injuring their constitutions; the facts must be proved to them by examples in which they themselves are the subjects; and thus I have been able to convince many of the danger by which they are surrounded, after all attempts at persuasion had failed. Let us then, gentlemen, not only observe, but *register*, such sad but useful instances as in daily practice pass before us, as a means of persuading those whom ordinary reasoning cannot reach."

Notes and Comments.

Alleged Outrage on an Insane Patient.

An item is going the rounds of the papers in which it is stated, on the authority of "GRACE GREENWOOD," that a patient in the Government Hospital for the Insane at Washington recently died under the influence of chloroform, *while having a ring put in his nose for the purpose of controlling him*, he being a very refractory, troublesome patient. It was further stated that this h ppened in presence of some of the other patients, Believing the item to be utterly untrue, "not having even the merit of being 'founded on fact'" we inclosed it to the party implicated, asking for authority to deny the charge in the severe terms it deserved. As several weeks have elapsed, and no notice has been taken of our letter, are we to infer that the charge is true? It certainly cannot be possible that a superintendent of an institution for the insane could be guilty of such an outrage! Let us have the facts.

Nephrotomy.

Dr. MEADOWS, of London, recently performed the operation of nephrotomy under rather peculiar circumstances. The operation was performed for the relief of a patient who presented the symptoms usually recognized as those of ovarian dropsy, but on opening the abdomen the tumor was found to be a large cyst of the kidney. The true structure of the organ had almost entirely disappeared, while the other kidney was apparently healthy. Dr. Meadows, in the belief that the removal of the diseased organ presented the best method of treatment, accordingly applied a clamp, as in the operation for the removal of ovarian tumor. The woman exhibited symptoms of suppression of urine for twenty-four hours and subsequently died.

A Persistent Delusion.

In the Report of the Royal Glasgow Asylum, for 1870, is mentioned a case in which refusal of food has lasted now for *nearly three years*, and still continues:

It is remarkable that one of the male patients, who does not hesitate to take certain kinds of medicine readily, refuses all kind of nourishment under the delusion that it is "drugged." In consequence he has been fed thrice daily, by means of the stomach-pump, for nearly three years. He will not leave his bed, although quite able to get out of it; but, notwithstanding such confinement and artificial alimentation, his bodily condition keeps pretty good.

Correspondence.

DOMESTIC.

Vesical Hemorrhage.

EDS. MED. AND SURG. REPORTER:

As you request country doctors to report cases of interest that occur in their practice, I send the following for publication, if you think it worthy.

In March, 1869, I was called at 9 P. M., in great haste, to see Mr. T., a man of large frame and sanguine temperament, æt. about 50, whom I found lying upon a bed, which seemed to be saturated with blood of a bright arterial color. He was suffering the most intense pain, and his family were much distressed at his condition. Being a stranger I made inquiry and found he had been a sufferer from bladder disease for twelve or fifteen years, and that he was compelled to urinate about every twenty minutes night and day; that he had passed bloody water once in a while, but never any like this. I found what appeared to be arterial blood running from the meatus urinarius quite rapidly. Giving a half teaspoonful of turpentine had the effect to stop the flow of blood.

Patient said he had been bleeding some since 4 P. M., and prayed for God's sake to ease him or he would die. I gave him ¼ gr. morphia, and introduced a No. 8 catheter with some difficulty, but found no fluid to come through it. It seemed to be plunged into a shaking, jelly-like mass, which proved to be a clot filling the whole viscus. Upon withdrawing the instrument the edges were filled with clotted blood. These I removed and tried again and again, but without success. It then being late I put him under the full influence of the opiate, and left ¼ gr. powders to be "given to keep him easy" until I should return in the morning, with instructions for him to urinate, if he could, without straining.

How to get this huge clot away was a puzzle to me, as the bladder was then filled to its utmost capacity, and I feared rupture of the diseased organ if I attempted to use a double catheter. On returning, I found him in great pain, but had rested well most of the time;

said his bladder felt as heavy as if it had been filled with lead; had passed nothing.

I again tried my catheter with the same result as the night before. To leave that great clot of blood there was, with me, out of the question. I had tried to drag the clots out with a hocked wire and failed. I considered myself "cornered," and was about to send for help, when the idea of applying a DAVIDSON syringe to the catheter struck me as a good one—and a new one to me—which I did, but the bulb almost immediately collapsed; again I concluded my plan had failed. I withdrew the instrument and found it completely choked up with clots; these I blew out by applying my mouth, which I had to repeat several times, but finally succeeding, by giving the bulb time enough to expand, in removing over a quart of clotted blood from him. When the first two or three clots came away he exclaimed, "thank God, doctor, for the relief!" Left my patient, lest my efforts already would prove irritating, a morphia powder, and told him to make water if possible, but not to strain. Four o'clock P. M. found him again in misery, with the inclination to micturate frequently, but to no purpose. I put the catheter into the bladder and only a little bloody urine escaped and I was compelled to *pump* him again, bringing away about three pints of dark clotted blood and urine.

I found the bladder excessively tender when the instrument was directed to the point of entrance of the left ureter, but could elicit no unusual pain in any other part of the organ, now in the course of the urethra; the prostate was enlarged. I gave him uva ursi f.℥j humulus f℥ij; aqua Ojss, to be infused to a pint; and ordered one tablespoonful every three or four hours. Also tr. ferri chloridi gtts x in water after each meal.

He speedily improved, and was free from the distress and inconvenience of frequent urination. His former treatment had been that usual in chronic cystitis.

Where did all this blood come from? And was it not the loss of blood that cured him?

In October, 1870, he was partially paralyzed on one side, from which he rapidly recovered, leaving paralysis of the neck of the bladder, with constant dribbling, which also gradually improved.

J. W. HOLIDAY, M. D.

Morning Sun, Iowa, July 15, 1871.

NEWS AND MISCELLANY.

Advance of the Cholera.

For two years various provinces of Russia have been scourged by the asiatic cholera in a very malignant form. Careful provision has retained it within the empire and prevented its advance into Germany. It is now raging in the Baltic ports, from which there is constant traffic to England, and it is reported that some cases have occurred in Hull. Our authorities should be on the alert, as no doubt some cases will be brought to this country, and we have learned that only by timely and thorough precautions can the pestilence be averted.

Female Medical Students.

The English journals announce that on July 18th the lecturers at Surgeons' Hall, Edinburgh, resolved, by a majority, to rescind the resolution adopted last year permitting lectures to be delivered to female as well as male students. The lecturers are, therefore, prohibited from giving instruction to female students.

The corporation of the University of Vermont has voted to admit women to that institution, under rules to be hereafter prescribed by the Faculty.

——M. Ricord has been presented to the grade of Grand Officer, and M. Demarquay to that of Commander of the Legion of Honor, in consideration of their services during the siege of Paris. Several promotions to the grades of Officer and Chevalier of the same order have been made on the same grounds.

QUERIES AND REPLIES.

Inhaler.

Dr. W. R. E., of Pa.—Miles' Inhaler may be obtained from the leading instrument makers. The price we believe is $10.00.

Self Abuse.

We have received several letters from persons suffering from this vice, asking our advice and further instruction. We recommend all such to procure and read DR. NAPHEY'S *Transmission of Life* (published by J. G. Fergus & Co., 155 North Ninth street, Philadelphia. Price $2.00), which contains the very best instructions for such unfortunates they can anywhere find. So far as these columns are concerned, we do not prescribe for any case through them.

Bromide of Iron.

Dr. T. L. H., of N. J.—Our statement of the dose was correct. See the extract from the *North-western Medical and Surgical Journal*, published for your benefit in the last number.

Books.

Dr. C. K., of Ohio.—Yes, we buy books for physicians who desire us to, charging usual retail rate, and send them post-paid by mail.